



Office of General Services
Office of Business Diversity

Design and Construction

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

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CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: 47045-H

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.: Inshallah Mechanical Corporation 193 West Hills Road, Huntington, NY 11746 Federal ID No.: 11-34243641	Contract Description/Location: Replace Induction Units, Building 80 197 Half Hollow Road, Dix Hills, NY	Date Proposal Approved:	Date Printed:	Bid Date: 02/15/23	SDVOB GOAL 6%
	Work/Job Order:	OGS Project Number: 47045-H	Work Order Value:	Contract Amount: \$2,500,000.00	
Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY SEE BDC 328.1S	
Fyah Works Inc 187-17 Ridgedale street Jamaica NY 11413 Federal ID No.:	Insulation		\$60,000.00		
Kaftech Inc 3 Gary Pl, Selden, NY 11784 Federal ID No.: 85-1071515	General Construction		\$90,000.00		
Federal ID No.:					
Federal ID No.:					

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature: 		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
Enter Name: Guru Prasad			
Title: Manager			
E-Mail Address: bthomas@imcmecorp.com			
Date: 05/02/23	OGS Authorized Signature: Enter Name: Shafia Booker Date: 5/3/2023		